



## Facsimile Cover Page

**To:** Anthony Gutierrez  
United States Patent and Trademark  
Office

**From:** WesternGeco I.P. Department, David S.  
Figatner, I.P. Counsel (713-689-2625)  
Fax: 713-689-1977  
Contact: Linda Lou Sowell  
I.P. Administrator (713-689-2626)

**Fax:** 703-746-7221

**Pages:** 36

**Phone:**

**Date:** 4/22/2003

**Re:** U.S. Patent Application No. 09/807,719 **CC:**

Our Reference: 14.0125 US

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

**MESSAGE:** Further to our telephone conversation regarding the above-referenced patent application, attached is a copy of the response to the Office Action Dated 7 October 2002 that we had mailed 3 February 2003. Also included is a copy of the return receipt postcard with the USPTO date stamp. Please let me know if any other information is needed. Thank you for your assistance.

David S. Figatner, I.P. Counsel

WesternGeco, L.L.C.

P.O. Box 2469, Houston, TX 77252-2469, U.S.A.

10001 Richmond Avenue, Houston, TX 77042, U.S.A.

Phone: 713-689-2626

Fax: 713-689-1977

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**APR 22 2003**

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THE PATENT AND TRADEMARK OFFICE MAILROOM  
STAMP HEREON WILL ACKNOWLEDGE RECEIPT OF THE  
FOLLOWING:

Docket No.: 14,0125-PCT-US

S/N: 09/807,719

Filing Date: 13 July 2001

Entitled: Seismic Data Acquisition Method and Apparatus

First Named Inventor: Jacques Orban

DT07 Rec'd PCT/PTO 11 FEB 2003

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FEB 27 2003

for pulled ✓

Enclosed:

- Form PTO/SB/21 - Transmittal Form (1 sheet);
- Form PTO/SB/17 - Fee Transmittal (1 sheet) +xc for use of Deposit Account;
- Form PTO/SB/22 - Petition for Extension of Time (1 sheet) +xc for use of Deposit Account;
- Response to Office Action Transmittal Letter (2 sheets) +xc for use of Deposit Account;
- Clean version of Claims (11 sheets);
- Marked-up version of Claims (15 sheets) and
- Clean version of Abstract (2 sheets)

Mailed to: Box PCT, Commissioner of Patents and Trademarks, USPTO,  
Washington, D.C. 20231 via First Class Mail and with sufficient postage on  
03 February 2003.

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/807,719	
	Filing Date	07/13/2001	
	First Named Inventor	Jacques Orban	
	Group Art Unit	2862	
	Examiner Name	Gutierrez, Anthony	
Total Number of Pages in This Submission	37	Attorney Docket Number	14.0125-PCT-US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Transmittal Letter
Remarks _____		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Figatner
Signature	<i>David S. Figatner</i>
Date	2/3/03

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>3 February 2003</u>		
Typed or printed name	Linda Lou Sowell	
Signature	<i>Linda Lou Sowell</i>	Date <u>3 February 2003</u>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	09/807,719
Filing Date	07/13/2001
First Named Inventor	Jacques Orban
Examiner Name	Gutierrez, Anthony
Group Art Unit	2862
Attorney Docket No.	14.0125-PCT-US

**TOTAL AMOUNT OF PAYMENT** (\$) 110.00**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-1720 (14.0125-PCT-US)**Deposit Account Name **WesternGeco**

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

**SUBTOTAL (1)** (\$) **110.00****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$) **0.00**

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	110.00
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify)			110.00

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$) **110.00****SUBMITTED BY**Name (Print/Type) **David S. Figatner**Registration No. **44,106**  
(Attorney/Agent)**Complete (if applicable)**Telephone **713-689-2625**

Signature

*David S. Figatner*Date **4/23/03****WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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